

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

For Official
Use

IN THE MATTER OF

☐ Amended

**Annual Report
on the Condition
of the Ward**

Name of Ward

Date of Birth

Case No. _____

1. LOCATION AND ADDRESS OF WARD:

The residence of the ward is in _____ County, State of _____,
and the ward's post-office address is: _____.

Facility Name: _____

What type of residence is this?

- ☐ Private Home or Apartment ☐ Adult Family Home ☐ Group Home ☐ Foster Home
☐ Community-Based Residential Facility ☐ Center for Developmentally Disabled
☐ Intermediate Facility ☐ Nursing Facility ☐ Other: _____

Is your ward in a locked unit? ☐ Yes ☐ No

2. HEALTH AND LIVING CONDITIONS OF THE WARD:

A. How often do you personally observe the living conditions and care of the ward?

☐ Daily ☐ At least 4 times a year. ☐ Never ☐ Other: _____

B. Do you contact your ward in other ways? ☐ Telephone ☐ Mail ☐ Other: _____

C. Has your ward's physical or mental condition changed in the last year?

☐ No change ☐ Improved ☐ Worsened Please explain: _____

D. Are you endeavoring to secure necessary care or services in the ward's best interest by regularly examining the ward's medical records, participating in staff meetings and treatment decisions, and consulting with health care and social service providers? ☐ Yes ☐ No Please explain: _____

3. LEAST RESTRICTIVE ENVIRONMENT CONSISTENT WITH THE NEEDS OF THE WARD:

A. Is the ward living in the least restrictive environment for your ward's needs? ☐ Yes ☐ No

B. Has your ward been transferred to a more or less restrictive environment in the last year?

☐ No change. ☐ To a **less** restrictive environment. ☐ To a **more** restrictive environment.

Please explain change and date: _____

C. If your ward has developmental disabilities and is currently protectively placed in an intermediate facility or nursing facility, is this the most integrated setting consistent with the ward's needs? ☐ Yes ☐ No

Please Explain: _____

4. RECOMMENDATIONS REGARDING THE WARD:

☐ See attached.

File original with Register in Probate:	Send copy to: (Board or Agency)	Signature of Guardian(s)	
		Date Signed	Guardian's Telephone Number
		Guardian's Name and Address (<input type="checkbox"/> Check if address changed in last 12 months.)	